

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38506

State File No.

Registration District No. 164

Primary Registration District No. 5599

Registrar's No. 121

1. PLACE OF DEATH:

(a) County. **Johnson**  
(b) City or town. **Rural Warrensburg**  
(c) Name of hospital or institution:  
**Hazel Hill township**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether)  
In this community **60 Years**  
years, months or days

3. (a) PRINT FULL NAME **William D. Burriss**

3. (b) If veteran, name war. **None** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**  
6. (b) Name of husband or wife. **Marry E. Burriss** 6. (c) Age of husband or wife if alive. **84** years  
7. Birth date of deceased. **April 15 1857**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **7** Days **0** If less than one day  
hr. min.

9. Birthplace. **Jefferson Co. Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name. **Mitchel Burriss**  
13. Birthplace. **Unknown.**  
(City, town, or county) (State or foreign country)  
14. Maiden name. **Anna Lorane Deviny**  
15. Birthplace. **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant. **Mrs. Vida Ward**

(b) Address. **Warrensburg, Mo.**

17. (a) **Burial** (b) Date thereof. **Nov. 16, 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Liberty Cemetary**

18. (a) Signature of funeral director. **Sweeney-Phillips**

(b) Address. **Warrensburg, Mo.**

19. (a) **Nov 18, 1943** (b) **Chola M. Williams**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County. **Johnson**  
(c) City or town. **Rural Warrensburg**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Hazel Hill township**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **15**  
year **1943** hour **3** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Nov. 12 1943** to **Nov 15 1943**  
that I last saw him alive on **Nov 15 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death. **Chronic myocarditis** Duration **1 yr**

Due to.

Due to.

Other conditions.  
(Include pregnancy within 3 months of death)

Major findings:

Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).  
(b) Date of occurrence.  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury.

23. Signature **Chola M. Williams** (M. D. or other)  
Address **Warrensburg, Mo** Date signed **11/14/43**

1801 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 12-10-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed R. A. Phillips  
Licensed Embalmer No. 2320  
P. O. Address Warrensburg, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.